FOR INSTRUCTIONS, SEE BACK OF FORM		FORM	SIAIEMENI
		DR-1	OF
CHECK ONE:	Reset Form	(Rev. 04/2008)	ORGANIZATION
This is an initial* Statement of Organization	1,000,1	For Office Use C	Only 10101
This is an amended* Statement of Organization *An initial Statement of Organization must be filed within 10 days of the comm	ittee's accepting contributions,	Comm. #	- 18//
		Indexed	10
		Audited	
- committee that exceeds \$750 in activity for another office shall life willing to use	ays cities a new or amonava	Computer 0 V) + W (C)
DR-1 disclosing information concerning the campaign for the new onice sough	и.		
COMMITTEE NAME ↓ ↓ (A candidate's committee must include the candidate's last name in the name of the committee.)			
TEAM BALLALATAK			
IMPORTANT: Indicate type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County Central Committee (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State Party (4) County PAC (9) City PAC			
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)S	litical Subdivision Candidate (8	County PAC (9)	City PAC
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) Statewide PAC (3) State 1 arry (4) County PAC (9) City PAC (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision PAC (11) Local Ballot Issue (including committee involved in multiple city/county ballot issues)			
COMMITTEE TREASURER (mandatory for all committees) COMMITTEE CHAIR (mandatory except for a candidate committee)			
COMMITTEE TREASURER (mandatory for all committees)		latory except for a	candidate Commutee)
No.	Name ↓ ↓		2 ===
l lebra Rallalalak	Mailing Address ↓ ↓		6 3m
Mailing Address 1522 618th PL	Mailing Address + +		15
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City State 1 Zip Code 1 52531	Only, chairs t		· · · · · · · · · · · · · · · · · · ·
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Phone 646 932 2933 e-Mail Ma_ballalatak@sirisonline.com	Phone (/)		
212 hall-late Kacificables com			* ==
e-Mail Ma ballalatal@Siris Online. Com e-Mail e-Mail Advocate for ballot issue(s) Advocate for ballot issue(s)			
INDICATE PURPOSE OF COmmittee English to the Box of the			
Comment or description:	County/Local Candidates	and Local Ballot Co	ommittees Enter:
Office Sought: 10WA Senate	County, 2000.		
Office Sought: 10WA Service	County		list of sounding
Political Party (if applicable) Democrat	(If active in multiple ballot is	sue elections, attach	ilist of counties
District: 34	Date of Election:	4-08	
0.05			
Year Standing for Election: JO () X Bank Account Name (must match committee name)	Candidate name & Address or	Parent Entity (PAC	s, if applicable),
Baile Account Haine (most mater committee matter)		Affiliate, or Sponso	<u>or</u>
TEAM BALLALATAK	I DEB BALL	ALATAK	
		740,74	
Name of Financial Institution/type of Account ↓↓	Mailing Address	OI	
Peoples STATE BANK Checking	1522 61846	L <i>Pi</i>	
Mailing Address J. J.	City ↓ ↓	State ↓ ↓	Zip ↓ ↓
162 So- Main	AIRIA	State ↓ ↓ I 0 W A	5253/ L
	AUSIN 1	0007	30
City State J Zip J	Phone (641) 932 - 3	2933	
ALBIA 10WA 52531	D. LC -10.12	Son stop	Campil. com
	e-Mail De Dror 10Wc	Jena 16 6	y Marine
STATEMENT OF AFFIRMATION: By filing this document the committee affi	rms the following:		
1. The committee and all persons connected with the committee understand that they are subject to the laws in Iowa Code chapters 68A and 68B and the administrative			
rules in Chapter 351 of the Iowa Administrative Code.			
2. That lowa Code section 68A.402 and rule 351—4.9 require the filing of disclosure reports and that the failure to file these reports on or before the required due dates			
2. That lowa Code section 68A.402 and rule 351—4.9 require the filing of disclo	sure reports and that the failure to file	these reports on or be	efore the required due dates
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STATEMENT

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